

Foster Family Home - Corrective Action Report

Provider ID: 1-140008

Home Name: Nympha Rasay, CNA

94-459 Awamoi Place

Waipahu

HI

96797

Review ID: 1-140008-5

Reviewer: David Ayling

Begin Date: 9/20/2017

End Date:

9/20/17

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 9/20/17. Corrective Action Report issued during home visit with all items due to CTA by 10/20/17.

6.(d)(1) - see applicable sections of the review

Foster Family Home

Personnel and Staffing

[17-1454-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - CPR and First Aid certification for CG #1 expired on 4/29/17. Not renewed until 9/1/17.

Compliance Manager

Primary Care Giver

Date

Date

41-(b)(8) - I showed CTA a current CPR + First Aid certificate on the day of my recertification, 9/20/17.

I have placed the expiration date of my CPR + First Aid on my phone calendar. It will remind me 1 month prior to expiration.

~~Hanray~~
Nympha Rasay
9/20/17